

OFFICE OF THE STATE CONTROLLER
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2005-01
PUPIL HEALTH SCREENINGS
(AMENDED)
FEBRUARY 14, 2005

The Commission on State Mandates (COSM) adopted its Statement of Decision on May 26, 1994, finding that Health and Safety Code (H&SC) section 324.2 (now 124100), as added by Statutes 1976, chapter 1208, and amended by Statutes 1991, chapter 373; and H&SC section 324.3 (now 124105), as added by Statutes 1991, Chapter 373, and amended by Statutes 1992, chapter 759, impose a new program or higher level of service within the meaning of article XIII B, section 6 of the California Constitution, for those school districts and county offices of education with kindergarten or first-grade pupil enrollments.

The COSM determined that the following provisions of H&SC sections 324.2 and 324.3 established costs mandated by the state pursuant to Government Code (GC) section 17514, by requiring school districts to:

- (1) Notify the parents or guardians of enrolled kindergarten students of the availability of Child Health and Disabilities Prevention Program services and to notify parents or guardians of kindergarten and first-grade pupils upon enrollment of their responsibilities relative to H&SC section 323.5 (and such notification should be in conjunction with the notification regarding immunizations).
- (2) Contact the parent or guardian of first-grade pupils to obtain their compliance with the requirements of H&SC section 323.5.
- (3) Exclude first-grade pupils, not otherwise exempted from exclusion, for up to five days if the pupil's parent or guardian fails to provide a health screening certificate or waiver.
- (4) Report compliance results and statistics to other government agencies.

The COSM determined that the following provisions of H&SC sections 324.2 and 324.3 did not establish costs mandated by the state pursuant to GC section 17514:

- (1) Any average-daily-attendance penalty assessed by the Superintendent of Public Instruction pursuant to H&SC section 324.2.
- (2) The loss of average-daily-attendance funds by operation of the Education Code as a result of excluding pupils from school for failure to provide a health screening certificate or waiver.
- (3) Contacting the parent or guardian of first-grade pupils in order to exempt from exclusion from school (pursuant to H&SC section 324.3, subdivision (e)) those first-grade pupils from family situations of great dysfunction or disruption that make compliance unlikely.

The original parameters and guidelines for this program were adopted on November 17, 1994. The COSM subsequently amended the parameters and guidelines on December 9, 2004, to establish uniform cost allowances. Therefore, beginning with reimbursement claims filed for fiscal year 2004-05 and beyond, actual costs for the reimbursable activities shall be claimed based on the uniform cost allowances adopted by the COSM pursuant to GC section 17557. The uniform cost allowances shall be adjusted each subsequent year by the Implicit Price Deflator referenced in GC section 17523.

Eligible Claimants

Any “school district,” as defined in GC section 17519, except for community colleges, which incurs increased costs as a result of this mandate is eligible to claim reimbursement of these costs.

Filing Deadlines

A. Reimbursement Claims

Beginning with the 2004-05 fiscal year, estimated claims may be filed with the State Controller's Office and be delivered or postmarked on or before **June 15, 2005**, or an actual claim for the 2004-05 fiscal year may be filed by January 15, 2006, without a late penalty. Claims filed after the deadline will be reduced by a late penalty of 10%, not to exceed \$1,000.

In order for a claim to be considered properly filed, it must include any specific supporting documentation requested in the instructions. **Claims filed more than one year after the deadline or without the requested supporting documentation will not be accepted.**

B. Estimated Claims

Unless otherwise specified in the claiming instructions, school districts are not required to provide cost schedules and supporting documents with an estimated claim if the estimated amount does not exceed the previous fiscal year's actual costs by more than 10%. Claimants can simply enter the estimated amount on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, claimants must complete supplemental claim forms to support their estimated costs as specified for the program to explain the reason for the increased costs. If no explanation supporting the higher estimate is provided with the claim, it will automatically be adjusted to 110% of the previous fiscal year's actual costs. Future estimated claims filed with the SCO must be postmarked by January 15 of the fiscal year in which costs will be incurred. Claims filed timely will be paid before late claims.

Minimum Claim Cost

For initial claims and annual claims filed on or after September 30, 2002, if the total costs for a given year do not exceed \$1,000, no reimbursement shall be allowed except as otherwise allowed by GC section 17564.

GC section 17564(a) provides that no claim shall be filed pursuant to Sections 17551 and 17561, unless such a claim exceeds one thousand dollars (\$1,000), provided that a county may submit a combined claim on behalf of direct service districts or special districts within its county if the combined claim exceeds \$1,000, even if the individual direct service district's or special

district's claim does not each exceed \$1,000. The county shall determine if the submission of the combined claim is economically feasible and shall be responsible for disbursing the funds to each direct service district or special district. These combined claims may be filed only when the county is the fiscal agent for the districts. A combined claim must show the individual claim costs for each eligible district. All subsequent claims based upon the same mandate shall only be filed in the combined form unless a direct service district or special district provides a written notice of its intent to file a separate claim to the county and to the SCO at least 180 days prior to the deadline for filing the claim.

Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify, (or declare), under penalty of perjury under the laws of the State of California that the foregoing is true and correct." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

Audit of Costs

All claims submitted to the SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with the SCO's claiming instructions and the parameters and guidelines adopted by the COSM. If any adjustments are made to a claim, a "Notice of Claim Adjustment" specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

Pursuant to GC section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the SCO no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the SCO to initiate an audit shall commence to run from the date of initial payment of the claim. All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by the SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

On-site audits will be conducted by the SCO as deemed necessary. Accordingly, all documentation to support actual costs claimed must be retained for a period of three years after the end of the calendar year in which the reimbursement claim was filed or amended regardless of the year of costs incurred. When no funds are appropriated for initial claims at the time the

claim is filed, supporting documents must be retained for three years from the date of initial payment of the claim. Claim documentation shall be made available to the SCO on request.

Retention of Claiming Instructions

The claiming instructions and forms in this package should be retained permanently in your Mandated Cost Manual for future reference and use in filing claims. These forms should be duplicated to meet your filing requirements. You will be notified of updated forms or changes to claiming instructions as necessary.

Questions or requests for hard copies of these instructions should be faxed to Ginny Brummels at (916) 323-6527, or e-mailed to **LRSDAR@sco.ca.gov**. Or, if you wish, you may call the Local Reimbursements Section at (916) 324-5729.

For your reference, these and future mandated costs claiming instructions and forms can be found on the Internet at www.sco.ca.gov/ard/local/locreim/index.shtml.

Address for Filing Claims

Claims should be rounded to the nearest dollar. Submit a signed original and a copy of form FAM-27, Claim for Payment, and all other forms and supporting documents. **(To expedite the payment process, please sign the form in blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)** Use the following mailing addresses:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

BEFORE THE
COMMISSION ON STATE MANDATES
STATE OF CALIFORNIA

IN RE AMENDMENT TO PARAMETERS
AND GUIDELINES ON:

Health and Safety Code Sections 324.2 (now 124100) and 324.3 (now 124105), as added or amended by Statutes 1976, Chapter 1208; Statutes 1991, Chapter 373; and Statutes 1992, Chapter 759.

No. 01-PGA-09

Pupil Health Screenings

ADOPTION OF AMENDMENT TO
PARAMETERS AND GUIDELINES
PURSUANT TO GOVERNMENT CODE
SECTION 17557 AND TITLE 2,
CALIFORNIA CODE OF REGULATIONS,
SECTIONS 1183.2 AND 1185.3.

(Adopted on December 9, 2004)

AMENDED PARAMETERS AND GUIDELINES

The attached Parameters and Guidelines Amendment of the Commission on State Mandates is hereby adopted in the above-entitled matter.

PAULA HIGASHI, Executive Director

Date

PARAMETERS AND GUIDELINES AMENDMENT

Health and Safety Code Sections 324.2 (now 124100)
and 324.3 (now 124105)¹

Statutes 1976, Chapter 1208
Statutes 1991, Chapter 373
Statutes 1992, Chapter 759

Pupil Health Screenings (01-PGA-09)

Clovis Unified School District, Requestor

For Fiscal Year 2004-2005 and Subsequent Years

I. SUMMARY OF THE MANDATE

The Commission on State Mandates (Commission) adopted its Statement of Decision on May 26, 1994, finding that Health and Safety Code section 324.2(now 124100), as added by Statutes 1976, chapter 1208, and amended by Statutes 1991, chapter 373; and Health and Safety Code section 324.3 (now 124105), as added by Statutes 1991, chapter 373, and amended by Statutes 1992, chapter 759, impose a new program or higher level of service within the meaning of article XIII B, section 6 of the California Constitution, for those school districts and county offices of education with kindergarten or first-grade pupil enrollments.

The Commission determined that the following provisions of Health and Safety Code sections 324.2 and 324.3 established costs mandated by the state pursuant to Government Code section 17514, by requiring school districts to:

- (1) Notify the parents or guardians of enrolled kindergarten students of the availability of CHDPP services and to notify parents or guardians of kindergarten and first-grade pupils upon enrollment of their responsibilities relative to Health and Safety Code section 323.5 (and such notification should be in conjunction with the notification regarding immunizations).
- (2) Contact the parent or guardian of first-grade pupils to obtain their compliance with the requirements of Health and Safety Code section 323.5.
- (3) Exclude first-grade pupils, not otherwise exempted from exclusion, for up to five days if the pupil's parent or guardian fails to provide a health screening certificate or waiver.
- (4) Report compliance results and statistics to other government agencies.

The Commission determined that the following provisions of Health and Safety Code Sections 324.2 and 324.3 did not establish costs mandated by the state pursuant to Government Code section 17514:

¹ Renumbered by Statutes 1995, chapter 415.

- (1) Any average-daily-attendance penalty assessed by the Superintendent of Public Instruction pursuant to Health and Safety Code section 324.2.
- (2) The loss of average-daily-attendance funds by operation of the Education Code as a result of excluding pupils from school for failure to provide a health screening certificate or waiver.
- (3) Contacting the parent or guardian of first-grade pupils in order to exempt from exclusion from school (pursuant to Health and Safety Code section 324.3, subdivision (e)) those first-grade pupils from family situations of great disfunction or disruption that makes compliance unlikely.

II. ELIGIBLE CLAIMANTS

Any "school district," as defined in Government Code section 17519, except for community colleges, which incurs increased costs as a result of this mandate is eligible to claim reimbursement.

III. PERIOD OF REIMBURSEMENT

Government Code section 17557, prior to its amendment by Statutes 1998, chapter 681 (effective September 22, 1998), provided that a test claim must be submitted on or before December 31 following a given fiscal year to establish eligibility for that fiscal year. The test claim for this mandate was filed on December 2, 1993, therefore all mandated costs incurred on or after July 1, 1992, for implementation of Health and Safety Code sections 324.2 (now 124100) and 324.3 (now 124105) are reimbursable.

The Governor signed Assembly Bill 2855 (Stats. 2005, ch. 895) on September 29, 2004. Operative January 1, 2005, this bill eliminates activity D. in these parameters and guidelines. Thus, the period of reimbursement for activity D, Statistical Reporting, ends on December 31, 2004.

Actual costs for one fiscal year should be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to Government Code section 17561, subdivision (d)(1), all claims for reimbursement of initial years' costs shall be submitted within 120 days of notification by the State Controller of the enactment of the claims bill.

For initial claims and annual claims filed prior to September 30, 2002, including amendments thereof, if the total costs for a given fiscal year do not exceed \$200, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564. For initial claims and annual claims filed on or after September 30, 2002, if the total costs for a given fiscal year do not exceed \$1000, no reimbursement shall be allowed except as otherwise allowed by Government Code section 17564.

IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, and declarations. Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant, the following activities are reimbursable:

A. Notification to Parents

Preparation of a form letter and issuance, or other reasonable method of communication, for the purpose of notifying each parent or guardian, upon their child's enrollment in kindergarten or first grade, of their obligation to obtain a pupil health screening and to encourage them to obtain the screening simultaneously with required immunizations, and inform them about the services available from the county Child Health and Disabilities Prevention Program.

B. Obtaining Parental Compliance

Contacting the parents or guardian of first grade pupils by telephone or in writing, in absence of a response to the initial notice, to obtain either a certificate of health screening or a written waiver signed by the pupil's parent or guardian.

C. Exclusion of Pupils

To exclude from attendance for up to five school days, beginning the 91st calendar day after entrance to the first grade, any first-grade pupil that lacks a health screening or waiver of the health screening signed by a parent or guardian. Costs incurred for contacting parents or guardians to exempt first-grade pupils from exclusion from school are *not* reimbursable.

D. Statistical Reporting (*Reimbursement period ends December 31, 2004*)

To report annually to specified county and state agencies: the number of pupils enrolled in the first-grade, the number who have received a health screening examination, and the number of children for which waivers of examination have been received. See section VII. regarding offsetting reimbursement.

V. CLAIM PREPARATION AND SUBMISSION

Each claimed reimbursable cost must be supported by source documentation as described in section IV. Additionally, each reimbursement claim must be filed in a timely manner.

A. Uniform Cost Allowances

Uniform cost allowances cover all the direct and indirect costs of performing the activities described in section IV. Direct costs are those costs incurred specifically for the reimbursable activities. Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Beginning with reimbursement claims filed for fiscal year 2004-2005 and beyond, actual costs for reimbursable activities IV. A. through IV. D. shall be claimed based on the uniform cost allowances adopted by the Commission pursuant to Government Code section 17557. The uniform cost allowances shall be adjusted each subsequent year by the Implicit Price Deflator referenced in Government Code section 17523.

Reimbursable Component	Uniform Cost Allowance
IV. A. Notification to Parents	\$ 0.0683
IV. B. Obtaining Parental Compliance	\$ 4.4604
IV. C. Exclusion of Pupils	\$ 11.734
IV. D. Statistical Reporting	\$ 0.463

- Reimbursement for IV. A. is determined by multiplying the uniform cost allowance for the appropriate fiscal year by the *number of notifications issued*.
- Reimbursement for IV. B. is determined by multiplying the uniform cost allowance for the appropriate fiscal year by the *number of children enrolled in kindergarten or first grade whose parents were contacted to obtain certificates of health screening or waivers*.
- Reimbursement for IV. C. is determined by multiplying the uniform cost allowance for the appropriate fiscal year by the *number of first-grade pupils excluded from school*.
- Reimbursement for IV. D. is determined by multiplying the uniform cost allowance for the appropriate fiscal year by the *number of first-time enrolled kindergarten and first grade pupils*. (Reimbursement period ends December 31, 2004.)

The Commission has not identified any circumstances that would cause an eligible claimant to incur additional costs to perform the reimbursable activities listed in section IV. of these parameters and guidelines, which have not already been incorporated in the uniform allowance. Eligible claimants incurring any such costs within the scope of the reimbursable activities may submit a request to amend the parameters and guidelines to the Commission for such costs to be

approved for reimbursement, subject to the provisions of California Code of Regulations, title 2, section 1183.2.

VI. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter² is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

VII. OFFSETTING SAVINGS AND REIMBURSEMENTS

Any offsetting savings the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, including but not limited to, service fees collected, federal funds, and other state funds, shall be identified and deducted from this claim. The Commission has specifically identified as offsetting reimbursement applicable to the Statistical Reporting activity (Item IV. D.) the amount of one dollar per first-grade pupil that school districts are currently receiving from the State Department of Health Services.

VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558, subdivision (b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 60 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from the statute or executive order creating the mandate and the parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 17561, subdivision (d)(1), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

² This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557, subdivision (a), and California Code of Regulations, title 2, section 1183.2.

X. LEGAL AND FACTUAL BASIS FOR THE PARAMETERS AND GUIDELINES

The Statement of Decision is legally binding on all parties and provides the legal and factual basis for the parameters and guidelines. The support for the legal and factual findings is found in the administrative record for the test claim. The administrative record, including the Statement of Decision, is on file with the Commission.

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 PUPIL HEALTH SCREENINGS			For State Controller Use Only	Program
			(19) Program Number 00261	261
			(20) Date Filed ____/____/____	
			(21) LRS Input ____/____/____	
L A B E L H E R E	(01) Claimant Identification Number		Reimbursement Claim Data	
	(02) Claimant Name		(22) PHS-1, (03)(a)	
	County of Location		(23) PHS-1, (03)(b)	
	Street Address or P.O. Box Suite		(24) PHS-1, (03)(c)	
	City State Zip Code		(25) PHS-1, (03)(d)	
			(26) PHS-1, (04)(a)(IV)	
Type of Claim	Estimated Claim	Reimbursement Claim	(27) PHS-1, (04)(b)(IV)	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(28) PHS-1, (04)(c)(IV)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(29) PHS-1, (04)(d)(IV)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>		
Fiscal Year of Cost	(06) 20____/20____	(12) 20____/20____	(30) PHS-1, (06)	
Total Claimed Amount	(07)	(13)	(31) PHS-1, (07)	
Less: 10% Late Penalty, not to exceed \$1,000		(14)	(32) PHS-1, (08)	
Less: Prior Claim Payment Received		(15)	(33)	
Net Claimed Amount		(16)	(34)	
Due from State	(08)	(17)	(35)	
Due to State		(18)	(36)	
(37) CERTIFICATION OF CLAIM <p>In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the school district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the the State of California that the foregoing is true and correct.</p> <div style="display: flex; justify-content: space-between;"> <div>Signature of Authorized Officer</div> <div>Date</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Type or Print Name</div> <div>Title</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>(38) Name of Contact Person for Claim</div> <div>Telephone Number () - Ext.</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____</div> <div>E-Mail Address</div> </div>				

Program 261	PUPIL HEALTH SCREENINGS Certification Claim Form Instructions	FORM FAM-27
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- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.
- (03) If filing an estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) If filing a combined estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.
- (05) If filing an amended estimated claim, enter an "X" in the box on line (05) Amended.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of the estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form PHS-1 and enter the amount from line (08).
- (08) Enter the same amount as shown on line (07).
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim from form PHS-1, line (08). The total claimed amount must exceed \$1,000.
- (14) **Filing Deadline.** Estimated claims for fiscal year 2004-05 must be filed by **June 15, 2005**. Reimbursement claims must be filed by January 15 of the following fiscal year in which costs were incurred or the claims shall be reduced by a late penalty. Enter zero if the claim was timely filed, otherwise, enter the product of multiplying line (13) by the factor 0.10 (10% penalty), not to exceed \$1,000.
- (15) If filing a reimbursement claim or a claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (32) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (32) for the reimbursement claim, e.g., PHS-1, (03), means the information is located on form PHS-1, line (03). Cost information should be rounded to the nearest dollar, i.e., no cents. **Completion of this data block will expedite the payment process.**
- (37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized officer, and must include the person's name and title, typed or printed. **Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**
- (38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

SUBMIT A SIGNED ORIGINAL, AND A COPY OF FORM FAM-27, WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:

Address, if delivered by U.S. Postal Service:

**OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 P.O. Box 942850
 Sacramento, CA 94250**

Address, if delivered by other delivery service:

**OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 3301 C Street, Suite 500
 Sacramento, CA 95816**

Program 261	MANDATED COSTS PUPIL HEALTH SCREENINGS CLAIM SUMMARY			FORM PHS-1
(01) Claimant		(02) Type of Claim		Fiscal Year
		Reimbursement <input type="checkbox"/>		
		Estimated <input type="checkbox"/>		___/___
Claim Statistics				
(03) (a) Number of notifications issued				
(b) Number of children enrolled in kindergarten or first grade whose parents were contacted to obtain certificates of health screening or waivers				
(c) Number of first-grade pupils excluded from school				
(d) Number of first-time enrolled kindergarten and first grade pupils (Reimbursement period ends December 31, 2004)				
Costs				
(04) Reimbursable Components:		Numbers (See (03))	Uniform Cost Allowance (See Table)	Total (II) x (III)
(I)		(II)	(III)	(IV)
(a) Notification to Parents				
(b) Obtaining Parental Compliance				
(c) Exclusion of Pupils				
(d) Statistical Reporting				
(05) Total Costs				
Cost Reduction				
(06) Less: Offsetting Savings, if applicable				
(07) Less: Other Reimbursements, if applicable				
(08) Total Claimed Amount				
[Line (05) – {line (06) + line (07)}]				

Program 261	PUPIL HEALTH SCREENINGS CLAIM SUMMARY Instructions	FORM PHS-1
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.

Form PHS-1 must be filed for a reimbursement claim. Do not complete form PHS-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form PHS-1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.

- (03) Enter the numbers to line (a) the number of notifications issued, line (b) the number of children enrolled in kindergarten or first grade whose parents were contacted to obtain certificates of health screening or waivers, line (c) the number of first-grade pupils excluded from school, and line (d) the number of first-time enrolled kindergarten and first grade pupils (Reimbursement period ends December 31, 2004).
- (04) Enter the numbers from line (03) to each corresponding letter to column (04)(II). Also, enter the uniform cost allowance to line (04) column (III) from the table below.

Reimbursable Components	Uniform Cost Allowance
	2004-05 Fiscal Year
(a) Notification to Parents	\$ 0.0683
(b) Obtaining Parental Compliance	\$ 4.4604
(c) Exclusion of Pupils	\$11.7340
(d) Statistical Reporting	\$ 0.4630

Multiply lines (a) to (d) from column (II) (Numbers) by column (III) (Uniform Cost Allowance)

- (05) Add and enter the total to column (IV).
- (06) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (07) Less: Other Reimbursements, if applicable. Enter the amount of other reimbursements received from any source (i.e., service fees collected, federal funds, other state funds etc.) which reimbursed any portion of the mandated program. Submit a detailed schedule of the reimbursement sources and amounts.
- (08) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (06), and Other Reimbursements, line (07), from Total Cost, line (05) column (IV). Enter the remainder of this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.